



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 6, 2012

Ms. Jessica Jennings, Administrator
Saint Albans Healthcare and Rehabilitation Center
596 Sheldon Road
Saint Albans, VT 05478-8011

Provider #: 475021

Dear Ms. Jennings:

Enclosed is a copy of your acceptable plans of correction for the follow-up survey conducted on **June 13, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RECEIVED
Division of PRINTED: 06/20/2012
FORM APPROVED
JUN 28 12 OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475021	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ Licensing and Protection		(X3) DATE SURVEY COMPLETED R 06/13/2012
NAME OF PROVIDER OR SUPPLIER SAINT ALBANS HEALTHCARE AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 596 SHELDON ROAD SAINT ALBANS, VT 05478		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{F 000}	INITIAL COMMENTS	{F 000}			
{F 279} SS=D	<p>An unannounced on-site follow-up survey was completed on 6/13/12 by the Division of Licensing and Protection. The following is a regulatory violation that remains uncorrected from the annual re-certification survey.</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to develop a comprehensive plan of care that included specific interventions to address the identified needs of one Resident regarding activity preferences and behavior</p>	F279	<p>St. Albans Health and Rehab Center provides this plan of correction without admitting or denying the validity or existence of the allege deficiency. The plan of correction is prepared and executed solely because it is required by federal and state law.</p> <p>Resident #1's care plan was updated to reflect the resident's activities of interest to assure a comprehensive plan of care.</p> <p>Residents with behaviors are at risk for this deficient practice.</p> <p>Nurses, LNA's and Activity staff will be educated regarding comprehensive care plans per the center policy by June 28, 2012.</p> <p>Care Plan audits will be conducted weekly x 4 then monthly x 3. This will be monitored by the DON and/or her designee.</p> <p>Results of the audits will be presented at CQI for further evaluation and recommendations.</p> <p>Corrective actions will be completed by July 1, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

pmc

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{F 279}	Continued From page 1 management.(Resident #1). Findings include: Per review the care plan for Resident #1,who was admitted to the facility on 9/21/11 and whose medical conditions included; Dementia with psychotic features, Hypothyroidism; Alzheimer's Disease, Hypertension, Hypopotassium and Depression, did not identify individualized interests and activity preferences that could be used by staff as interventions to aid in preventing, reducing or changing negative behaviors and alleviate symptoms of distress. The resident's plan of care, initiated on 9/21/11 and most recently revised on 3/28/12, included a plan for wandering, resisting care or treatment, combative with care and physically aggressive towards other residents. Although interventions to address these identified behaviors included; redirect and provide 1:1 interactions and support as needed during periods of aggression, redirect when wandering into other's rooms, and encourage resident to attend activities of choice there was no detail to aid staff in successful redirection and no indication of specific interests or activity preferences. The care plan also included a plan for distressed mood symptoms as evidenced by crying and agitation, with a diagnosis of Depression. Although the plan directed staff to encourage activities of interest/choice as an intervention to assist the resident in meeting the stated goal; adjustment to placement with improvement of mood state, there was no indication of specific interests or activity preferences to aid staff in attempting to alleviate the symptoms of distressed mood. Review of nursing Progress Notes revealed that Resident #1 had exhibited behaviors requiring redirection from staff on several occasions	{F 279}	F&T9 POC accepted 6/29/12 BTHONE RN / AME		

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{F 279}	Continued From page 2 between 5/24/12 and 6/2/12, including; on 5/24/12, raising voice to staff, hitting and kicking, and indicated that the resident had been redirected and re-approached and continued to be uncooperative. On 6/2/12, the record indicated that the resident had been wandering constantly this shift into others rooms and when redirected s/he attempted to hit multiple staff. And on 6/3/12 documentation indicated that the resident continued to walk into everyone's bedroom and needed redirection by staff repeatedly. Per review of what staff identified as the most recent comprehensive Recreation Assessment, dated 9/27/11, the Staff Assessment of Daily and Activity Preferences identified listening to music and participating in religious activities or practices as activities in which the resident appeared happy, content or involved, in the 7 days prior to the assessment. The assessment further indicated that 1:1 interventions for movement and sensory awareness would be offered to the resident and safe sensory objects (e.g.: stuffed animals) would be provided by staff. During interview, at on 6/13/12, the AD (Activities Director) stated that when Resident #1 first came to the facility it was clear that his/her main strength was walking and that Activities staff would walk with the resident, providing 1:1 interactions. The AD further stated that the resident's previous interests included listening to music and reading, and agreed that the resident's care plan did not include these or any specific activity preferences. The AD stated that a plan of care related to interests and activity preferences was not developed because Resident #1 did not trigger activities on the MDS (Minimum Data Set).	{F 279}			